

LICENSE APPLICATION **TOBACCO**

APPLICANT		
NAME:		
ADDRESS:		
PHONE:		OWNER: Y/N
IF NO, OWNER(S) NAMI	E AND ADDRESS:	
(Name of C	orporation or Partners' Names)	
(Name of C	orporation of Partners Tvames)	
BUSINESS	TAX I.D. #:	
NAME:		
ADDRESS:		
MANAGER:		
PHONE:		
	(Store Phone)	(Corporation Phone)
Date	Signature of Applicant	
	FOR OFFICE USE ON	LY
Fee: \$250.00, annually	Mail Renewals to:	ApplicantBusiness
1 cc. ψ230.00, aimuany	Man Renewals to.	Dusiness

License expires April 30th, *following the date of issuance.*